

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Values 2024

ADDRESS (number and street)

307 W. 36th St., 11th floor

Check if different
than previously
reported. (ACC)

New York

NY

10018

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00821439

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gilmore, John, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gilmore, John, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Values 2024

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 / 01 / 2023

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		453691.72
(b) Cash on Hand at Beginning of Reporting Period.....	453691.72	
(c) Total Receipts (from Line 19)	9796391.00	9796391.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10250082.72	10250082.72
7. Total Disbursements (from Line 31)	465711.87	465711.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9784370.85	9784370.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:Federal Election Commission
999 E Street, NW
Washington, DC 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Values 2024

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2023

To:

M M / D D / Y Y Y Y Y
06 30 2023**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5500.00

5500.00

(ii) Unitemized

381.00

381.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5881.00

5881.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

5881.00

5881.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

9790510.00

9790510.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

9796391.00

9796391.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

9796391.00

9796391.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6600.00	6600.00
24. Independent Expenditures (use Schedule E)	226782.74	226782.74
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	10.00	10.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10.00	10.00
29. Other Disbursements (Including Non-Federal Donations).....	232319.13	232319.13
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	465711.87	465711.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	465711.87	465711.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5881.00	5881.00
34. Total Contribution Refunds (from Line 28(d))	10.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5871.00	5871.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Values 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Skyhorse Publishing, Inc.

Mailing Address 307 W 36th St

FI 11

City

New York

State

NY

Zip Code

10018-6592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2023

Transaction ID : AA3427586DDE14F3A8CD

Amount of Each Receipt this Period

4000.00

☒ Memo Item

In kind contribution - payment for 4/15/2023 IE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Skyhorse Publishing, Inc.

Mailing Address 307 W 36th St

FI 11

City

New York

State

NY

Zip Code

10018-6592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2023

Transaction ID : AF2C746B3AFE3492BA48

Amount of Each Receipt this Period

19920.00

☒ Memo Item

In kind contribution - payment of 4/16/2023 IEs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Skyhorse Publishing, Inc.

Mailing Address 307 W 36th St

FI 11

City

New York

State

NY

Zip Code

10018-6592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

58920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2023

Transaction ID : A169F42E041B8463D8D0

Amount of Each Receipt this Period

35000.00

☒ Memo Item

In kind contribution - payment of 4/17/2023 IEs

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gate House Media Massachusetts I, Inc

Mailing Address PO Box 631210

City
CincinnatiState
OHZip Code
45263-1210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2023

Transaction ID : A4C7C4987AD9847D1866

Amount of Each Receipt this Period

343.50

☒ Memo Item

Refund to credit card

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palitti, Nicole, , ,

Mailing Address 467 Greenbush Rd

City
BlauveltState
NYZip Code
10913-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2023

Transaction ID : AF70319F09C8744DA8C4

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Merinoff, Alicia, , ,

Mailing Address 4980 Windham Hill Rd

City
West TownshendState
VTZip Code
05359-9651FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Meadows Bee FarmOccupation (for Individual)
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2023

Transaction ID : AD8C101C50F0B447DA50

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Skyhorse Publishing, Inc.

Mailing Address 307 W 36th St
FI 11

City
New York

State
NY

Zip Code
10018-6592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67016.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2023

Transaction ID : AB8C11A8A0549477686B

Amount of Each Receipt this Period

8096.51

☒ Memo Item

In kind contribution - 5/4/23 Travel and food found on line 29

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

5500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 48
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Queler, Andrew, , ,

Mailing Address 2123 Weeping Willow Cir

City
HattiesburgState
MSZip Code
39402-6086FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hattiesburg ClinicOccupation (for Individual)
Hospitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2023

Transaction ID : AAEE3B915CBFE403BA88

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution to non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rockefeller, Abby, , ,

Mailing Address 104 Irving St

City
CambridgeState
MAZip Code
02138-2067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2023

Transaction ID : AA7310BD736484A6EAA8

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Contribution to non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hays, Jeff, , ,

Mailing Address 2023 E Tall Woods Ct

City
DraperState
UTZip Code
84020-5693FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jeff Hays FilmsOccupation (for Individual)
Film Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2023

Transaction ID : A5B292884F1F44936B07

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Contribution to non-contribution account

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 48

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. De Becker, Gavin, , ,

Mailing Address 1078 Polipoli Rd

City
KulaState
HIZip Code
96790-7625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gavin De Becker Association

Occupation (for Individual)

Founder/Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2023

Transaction ID : AEA65AF93349B465687C

Amount of Each Receipt this Period

4300000.00

☐ Memo Item

Contribution to non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. De Becker, Gavin, , ,

Mailing Address 1078 Polipoli Rd

City
KulaState
HIZip Code
96790-7625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gavin De Becker Association

Occupation (for Individual)

Founder/Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2023

Transaction ID : A1992080EF2E545EF88C

Amount of Each Receipt this Period

200000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mellon, Timothy, , ,

Mailing Address PO Box 1500

City
SaratogaState
WYZip Code
82331-1500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2023

Transaction ID : A825BE4BD23884ADEBE6

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

9500000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 48

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kirsch, Steven, , ,

Mailing Address 13930 La Paloma Rd

City

Los Altos Hills

State
CA

Zip Code

94022-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Journalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10010.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2023

Transaction ID : A2AC1E6475B98492DB50

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Merinoff, Charles, , ,

Mailing Address 4980 Windham Hill Rd

City

West Townshend

State
VT

Zip Code

05359-9651

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Breakthru Beverage

Occupation (for Individual)

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2023

Transaction ID : AF78BB73889DA48638C1

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution to non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Skyhorse Publishing, Inc.

Mailing Address 307 W 36th St

FI 11

City

New York

State
NY

Zip Code

10018-6592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

167016.51

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2023

Transaction ID : AA3AC5A33A2BD42BBAFF

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Non-contribution account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 48

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cancer Monthly Inc

Mailing Address 14460 Falls of Neuse Rd
14

City
Raleigh

State
NC

Zip Code
27614-8227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2023

Transaction ID : A6506A8FAF4E245BAA6B

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Contribution to non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50000.00

9790500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. TEAM KENNEDY

Mailing Address PO BOX 147

City
S WALPOLEState
MAZip Code
02071Purpose of Disbursement
Political Contribution

Candidate Name

Kennedy, Robert, F, , JR

Office Sought:

☐ House☐ Senate☒ President

Disbursement For: 2024

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	2	3	

FEC Identification Number

C C00836916

Transaction ID : B57C944BD6

Amount of Each Disbursement this Period

1700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TEAM KENNEDY

Mailing Address PO BOX 147

City
S WALPOLEState
MAZip Code
02071Purpose of Disbursement
Political Contribution

Candidate Name

Kennedy, Robert, F, , JR

Office Sought:

☐ House☐ Senate☒ President

Disbursement For: 2024

☒ Primary☐ General☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	2	3	

FEC Identification Number

C C00836916

Transaction ID : B1616F46B7C

Amount of Each Disbursement this Period

3300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TEAM KENNEDY

Mailing Address PO BOX 147

City
S WALPOLEState
MAZip Code
02071Purpose of Disbursement
Contribution to committee

Candidate Name

Kennedy, Robert, F, , JR

Office Sought:

☐ House☐ Senate☒ President

Disbursement For: 2024

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	3	

FEC Identification Number

C C00836916

Transaction ID : B391C2D291

Amount of Each Disbursement this Period

1600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6600.00

TOTAL This Period (last page this line number only).....▶

6600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Ramirez, Garrett, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2023

Mailing Address 579B Raritan Rd
272City
RoselleState
NJZip Code
07203-2473Purpose of Disbursement
Non-Contribution Account - Research Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

FEC Identification Number

C Transaction ID : B52554D5E2/

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kozis, Billy, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2023

Mailing Address 50 N 5th St
Apt W2DCity
BrooklynState
NYZip Code
11249-3300Purpose of Disbursement
Non-Contribution Account - Social Media Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify)
Other

State: District:

FEC Identification Number

C Transaction ID : B1FCD6B1CE

Amount of Each Disbursement this Period

3200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kozis, Billy, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2023

Mailing Address 50 N 5th St
Apt W2DCity
BrooklynState
NYZip Code
11249-3300Purpose of Disbursement
Non-Contribution Account - Social Media Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

FEC Identification Number

C Transaction ID : BD13C23CD/

Amount of Each Disbursement this Period

1600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8800.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Conte, Louis, , ,

Mailing Address 18 Pollywoggle Ln

City
PleasantvilleState
NYZip Code
10570-3320Purpose of Disbursement
Non-Contribution Account - Research Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B679579CFD:

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Conte, Louis, , ,

Mailing Address 18 Pollywoggle Ln

City
PleasantvilleState
NYZip Code
10570-3320Purpose of Disbursement
Non-Contribution Account - Research Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B534A17CA5:

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lyons, Charles, , ,

Mailing Address 260 Columbus Ave

City
New YorkState
NYZip Code
10023-3331Purpose of Disbursement
Noncontribution account - Graphic Production and Marketing Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : B23AF911E4

Amount of Each Disbursement this Period

1025.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9025.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Conte, Louis, , ,

Mailing Address 18 Pollywoggle Ln

City
PleasantvilleState
NYZip Code
10570-3320Purpose of Disbursement
Non-Contribution Account - Research Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2023

FEC Identification Number

C

Transaction ID : B7EB5BADA!

Amount of Each Disbursement this Period

 1600.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kozis, Billy, , ,

Mailing Address 50 N 5th St
Apt W2DCity
BrooklynState
NYZip Code
11249-3300Purpose of Disbursement
Non-Contribution Account - Social Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify)
Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2023

FEC Identification Number

C

Transaction ID : BA775ED8AC

Amount of Each Disbursement this Period

 3200.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McDonald, Candace, , ,

Mailing Address 30 Main St
Apt 6CCity
BrooklynState
NYZip Code
11201-8214Purpose of Disbursement
Noncontribution account - Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2023

FEC Identification Number

C

Transaction ID : BEE36EB5D!

Amount of Each Disbursement this Period

 15000.00☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

 19800.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Kozis, Billy, , ,

Mailing Address 50 N 5th St
Apt W2DCity
BrooklynState
NYZip Code
11249-3300Purpose of Disbursement
Non-Contribution Account - Social Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
0	6		2	3		2	0	2	3

FEC Identification Number

C

Transaction ID : B48CA20E66

Amount of Each Disbursement this Period

3200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Davey, Justin, , ,

Mailing Address 330 E 43rd St
Apt 802City
New YorkState
NYZip Code
10017-4812Purpose of Disbursement
VOID - Non-contribution account - Web Design

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2022
☐ Primary ☐ General
☒ Other (specify)
Other

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
0	1		2	7		2	0	2	3

FEC Identification Number

C

Transaction ID : BD128EC31E

Amount of Each Disbursement this Period

- 2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Conte, Louis, , ,

Mailing Address 18 Pollywoggle Ln

City
PleasantvilleState
NYZip Code
10570-3320Purpose of Disbursement
Non-contribution account: Research Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
0	4		2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : B8B95FE45E

Amount of Each Disbursement this Period

2400.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

3100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Conte, Louis, , ,

Mailing Address 18 Pollywoggle Ln

City
PleasantvilleState
NYZip Code
10570-3320Purpose of Disbursement
Non-Contribution Account - Research Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA09FEA7AE

Amount of Each Disbursement this Period

 1600.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kozis, Billy, , ,

Mailing Address 50 N 5th St
Apt W2DCity
BrooklynState
NYZip Code
11249-3300Purpose of Disbursement
Non-contribution Account - Social media Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify)
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B91DEC3FD2

Amount of Each Disbursement this Period

 3200.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lyons, Charles, , ,

Mailing Address 260 Columbus Ave

City
New YorkState
NYZip Code
10023-3331Purpose of Disbursement
Noncontribution account - Graphic Production and Marketing Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : B51ED5B4E1

Amount of Each Disbursement this Period

 6426.46☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

 11226.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Lyons, Charles, , ,

Mailing Address 260 Columbus Ave

City
New YorkState
NYZip Code
10023-3331Purpose of Disbursement
Noncontribution account - Graphic Production and Marketing Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	3

FEC Identification Number

C Transaction ID : BFAC399C79

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilmore, John, , ,

Mailing Address 550 E Chester St

City
Long BeachState
NYZip Code
11561-2413Purpose of Disbursement
Noncontribution Account - PAC Management Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	3

FEC Identification Number

C Transaction ID : B24B2C0BC3

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Conte, Louis, , ,

Mailing Address 18 Pollywoggle Ln

City
PleasantvilleState
NYZip Code
10570-3320Purpose of Disbursement
Non-Contribution Account - Research Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	3

FEC Identification Number

C Transaction ID : B9D3D58A0f

Amount of Each Disbursement this Period

1600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15350.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Kozis, Billy, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	2	3		

Mailing Address 50 N 5th St
Apt W2DCity
BrooklynState
NYZip Code
11249-3300

FEC Identification Number

C

Transaction ID : B6F9B96209C

Amount of Each Disbursement this Period

3200.00

☐ Memo ItemPurpose of Disbursement
Non-Contribution Account - Social Media Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State: District:

Full Name (Last, First, Middle Initial)

B. Kozis, Billy, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	3		

Mailing Address 50 N 5th St
Apt W2DCity
BrooklynState
NYZip Code
11249-3300

FEC Identification Number

C

Transaction ID : B663237B57A

Amount of Each Disbursement this Period

3200.00

☐ Memo ItemPurpose of Disbursement
Non-Contribution Account - Social Media Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State: District:

Full Name (Last, First, Middle Initial)

C. Gilmore, John, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	3		

Mailing Address 550 E Chester St

City
Long BeachState
NYZip Code
11561-2413

FEC Identification Number

C

Transaction ID : B152EB6D2E

Amount of Each Disbursement this Period

10000.00

☐ Memo ItemPurpose of Disbursement
Noncontribution Account - PAC Management Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16400.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Crispin Miller, Mark, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2023

Mailing Address 4 Washington Square Vlg
Apt 16BCity
New YorkState
NYZip Code
10012-1909

FEC Identification Number

C

Transaction ID : B4D026D547I

Amount of Each Disbursement this Period

3000.00

☐ Memo ItemPurpose of Disbursement
Non-contribution account - PAC Management Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State: District:

Full Name (Last, First, Middle Initial)

B. Godaddy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2023

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401

FEC Identification Number

C

Transaction ID : BD67815A1C

Amount of Each Disbursement this Period

62.85

☐ Memo ItemPurpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State: District:

Full Name (Last, First, Middle Initial)

C. Microelectronics

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2023

Mailing Address 655 Merrick Ave

City
WestburyState
NYZip Code
11590-6712

FEC Identification Number

C

Transaction ID : B4B99060A7

Amount of Each Disbursement this Period

130.35

☐ Memo ItemPurpose of Disbursement
Noncontribution account - Office equipment

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3193.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Godaddy

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	3			

FEC Identification Number

C

Transaction ID : B06F0BE687

Amount of Each Disbursement this Period

78.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Godaddy

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify)	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	3			

FEC Identification Number

C

Transaction ID : BD13E2F111

Amount of Each Disbursement this Period

78.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Godaddy

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	3			

FEC Identification Number

C

Transaction ID : BD212A3CC

Amount of Each Disbursement this Period

234.78

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

391.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Godaddy

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Web dev consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	3			

FEC Identification Number

C

Transaction ID : B81EEFC4DF

Amount of Each Disbursement this Period

 45.51☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Boston Park Plaza

Mailing Address 50 Park Plz

City
BostonState
MAZip Code
02116-4004Purpose of Disbursement
Noncontribution account - Parking

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify)	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	3			

FEC Identification Number

C

Transaction ID : BC78E7F4E9I

Amount of Each Disbursement this Period

 83.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Godaddy

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	3			

FEC Identification Number

C

Transaction ID : BDF8EFF834

Amount of Each Disbursement this Period

 95.80☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 224.31

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Skyhorse Publishing, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2023

Mailing Address 307 W 36th St
FI 11City
New YorkState
NYZip Code
10018-6592

FEC Identification Number

C

Transaction ID : B28BD8E5EE

Amount of Each Disbursement this Period

73920.00

☐ Memo Item

Purpose of Disbursement

Noncontribution account - Reimbursement for Independent Expenditures

listed as paid via in kind cont

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State:

District:

Full Name (Last, First, Middle Initial)

B. Godaddy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2023

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401

FEC Identification Number

C

Transaction ID : B7B92E18A6I

Amount of Each Disbursement this Period

78.26

☐ Memo Item

Purpose of Disbursement

Noncontribution account - Web Hosting

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State:

District:

Full Name (Last, First, Middle Initial)

C. Squarespace

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2023

Mailing Address 8 Clarkson St

City
New YorkState
NYZip Code
10014-4301

FEC Identification Number

C

Transaction ID : B5FA624B5C

Amount of Each Disbursement this Period

276.00

☐ Memo Item

Purpose of Disbursement

Noncontribution account - Domain hosting

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

74274.26

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445A Laughlin Ave

City
McLeanState
VAZip Code
22101-5709Purpose of Disbursement
Noncontribution account - Bank fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : BB33A9C5B/

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Skyhorse Publishing, Inc.Mailing Address 307 W 36th St
FI 11City
New YorkState
NYZip Code
10018-6592Purpose of Disbursement
Non-Contribution Account - Reimbursement for 5/4/2023 travel expenses paid
via in-kind listed on Line

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA33D60C71/

Amount of Each Disbursement this Period

8096.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1164Purpose of Disbursement
Non-Contribution Account - Compliance Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : BE98EC6DF/

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

23121.51

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Godaddy

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA04AECE1/

Amount of Each Disbursement this Period

 42.32☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Square Space

Mailing Address 8 Clarkson St

City
New YorkState
NYZip Code
10014-4301Purpose of Disbursement
Noncontribution account - Web hosting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify)	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : B5C9578F7E/

Amount of Each Disbursement this Period

 276.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Godaddy

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B0DA00CC5/

Amount of Each Disbursement this Period

 84.64☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 402.96

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 48

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. The Holloway Law Office, LLC

Mailing Address 6710 Oxon Hill Rd
Ste 210

City
Oxon Hill

State
MD

Zip Code
20745-1124

Purpose of Disbursement
Noncontribution account - Legal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2023

FEC Identification Number

C Transaction ID : BB2FF61E41

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Boston Park Plaza

Mailing Address 50 Park Plz

City
Boston

State
MA

Zip Code
02116-4004

Purpose of Disbursement
Noncontribution account - Hotel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 13 / 2023

FEC Identification Number

C Transaction ID : B9EFFA01B6

Amount of Each Disbursement this Period

324.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Godaddy

Mailing Address 2150 E Warner Rd

City
Tempe

State
AZ

Zip Code
85284-3401

Purpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼

Other

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 04 / 2023

FEC Identification Number

C Transaction ID : B94ED6C1FF

Amount of Each Disbursement this Period

78.26

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2403.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. N. G. Slater Corp

Mailing Address 42 W 38th St

City
New YorkState
NYZip Code
10018-6242Purpose of Disbursement
Noncontribution account - Advertising design & printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	3

FEC Identification Number

C

Transaction ID : BD09936E061

Amount of Each Disbursement this Period

691.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 3650 Long Beach Rd

City
OceansideState
NYZip Code
11572-5705Purpose of Disbursement
Noncontribution account - Office supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	3

FEC Identification Number

C

Transaction ID : BFED16D8FA

Amount of Each Disbursement this Period

11.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Claire Venus

Mailing Address 20 Hawthorn Terrace Shilbottle

City
AlnwickState
ZZZip Code
NE66Purpose of Disbursement
Noncontribution account - Web Hosting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2023
☐ Primary ☐ General
☒ Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

FEC Identification Number

C

Transaction ID : B4A703087D

Amount of Each Disbursement this Period

4.54

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

707.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Claire Venus

Mailing Address 20 Hawthorn Terrace Shilbottle

City
AlnwickState
ZZZip Code
NE66Purpose of Disbursement
Noncontribution account - Web dev consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

FEC Identification Number

C

Transaction ID : B76D944DEF

Amount of Each Disbursement this Period

 504.13☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kat Tales LLC

Mailing Address 11 Valley Rd

City
TrumbullState
CTZip Code
06611-3932Purpose of Disbursement
Non-Contribution Account - Editorial Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify)	Other	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	2	3

FEC Identification Number

C

Transaction ID : B315F738EAf

Amount of Each Disbursement this Period

 250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adobe

Mailing Address 345 Park Ave

City
San JoseState
CAZip Code
95110-2704Purpose of Disbursement
Noncontribution account - Software

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	3

FEC Identification Number

C

Transaction ID : B275FFCE06

Amount of Each Disbursement this Period

 260.57☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

 1014.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Best Buy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2023

Mailing Address 1100 Old Country Rd

City
WestburyState
NYZip Code
11590-5625Purpose of Disbursement
Noncontribution account - Telephone

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2023

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other

State: District:

FEC Identification Number

C

Transaction ID : B621D82A3A

Amount of Each Disbursement this Period

207.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Godaddy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2023

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Domain name registration

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2023

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	

Other

State: District:

FEC Identification Number

C

Transaction ID : B290EEB41C

Amount of Each Disbursement this Period

78.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dow Jones & Co./Wall Street Journal

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2023

Mailing Address PO Box 4137

City
New YorkState
NYZip Code
10261-4137Purpose of Disbursement
Noncontribution account - Online subscription

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2023

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other

State: District:

FEC Identification Number

C

Transaction ID : BFEDEF7D01

Amount of Each Disbursement this Period

6.52

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

292.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Silent Partner Inc

Mailing Address 130 Lucky Penny Ln

City
SpartanburgState
SCZip Code
29302-1217Purpose of Disbursement
Noncontribution account - Public Relations Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : BC24EC5938

Amount of Each Disbursement this Period

 6000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Godaddy

Mailing Address 2150 E Warner Rd

City
TempeState
AZZip Code
85284-3401Purpose of Disbursement
Noncontribution account - Email account

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify)	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B71C7A387A

Amount of Each Disbursement this Period

 78.08☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 1 Massachusetts Ave NW

City
WashingtonState
DCZip Code
20001-1401Purpose of Disbursement
Non-Contribution Account - Train travel paid via inkind contribution from
Skylark Publishing Inc

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA3042C762

Amount of Each Disbursement this Period

 61.50☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 6078.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 1 Massachusetts Ave NW

City
WashingtonState
DCZip Code
20001-1401

Purpose of Disbursement

Non-Contribution Account - Train travel paid via inkind contribution from
Skyhorse Publishing Inc

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : B1C9417082f

Amount of Each Disbursement this Period

152.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 1 Massachusetts Ave NW

City
WashingtonState
DCZip Code
20001-1401

Purpose of Disbursement

Non-Contribution Account - Train travel paid via inkind contribution from
Skyhorse Publishing Inc

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : B1E6A662EB

Amount of Each Disbursement this Period

597.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Fairmont Copley Plaza

Mailing Address 138 Saint James Ave

City
BostonState
MAZip Code
02116-5002

Purpose of Disbursement

Non-Contribution Account - Hotel paid via inkind from Skyhorse Publishing
Inc

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼	Other	

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : BA1625FF25

Amount of Each Disbursement this Period

4479.58

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Values 2024

Full Name (Last, First, Middle Initial)

A. Maggianos Restaurant

Mailing Address 4 Columbus Ave

City
BostonState
MAZip Code
02116-3910

Purpose of Disbursement

Non-Contribution Account - Team dinner paid via inkind from Skyhorse

Publishing Inc
Candidate NameCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

Other

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B26A4DDED4

Amount of Each Disbursement this Period

752.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 1 Massachusetts Ave NW

City
WashingtonState
DCZip Code
20001-1401

Purpose of Disbursement

Non-Contribution Account - Train travel paid via inkind contribution from

Skyhorse Publishing Inc
Candidate NameCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

Other

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA6383DA40I

Amount of Each Disbursement this Period

186.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Blue Nile Livery LLC

Mailing Address 50 Terminal St

City
CharlestownState
MAZip Code
02129-1973

Purpose of Disbursement

Non-Contribution Account - Car service paid via inkind contribution from

Skyhorse Publishing Inc
Candidate NameCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

Other

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B0F2AD7DA:

Amount of Each Disbursement this Period

1810.47

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

228349.70

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Concord Monitor <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div>	
Mailing Address PO Box 877			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">3454.00</div>	
City White River Junction	State VT	Zip Code 05001-0877	Transaction ID : E1C3A40405ED44E999EF Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">17</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div>	
Purpose of Expenditure Non-Contribution Account - Newspaper Ad			Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">8454.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee New Hampshire Union Leader <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div>	
Mailing Address 100 William Loeb Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">5000.00</div>	
City Manchester	State NH	Zip Code 03109-5627	Transaction ID : E380BDD1E63F943F980A Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">17</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div>	
Purpose of Expenditure Newspaper Advertisement			Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">8454.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">8454.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Gilmore, John, ,</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 40%; text-align: right;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>			
Full Name of Payee MediaNews Group, Inc. <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>	
Mailing Address PO Box 8003		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>	
City Willoughby	State OH	Zip Code 44096-8003	Transaction ID : ED3339085E4B34406899 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>
Purpose of Expenditure Noncontribution Account - Newspaper Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Gannett <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>	
Mailing Address 7950 Jones Branch Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35000.00</div>	
City Mc Lean	State VA	Zip Code 22107-0002	Transaction ID : E81D5D344DEA9496D842 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div>
Purpose of Expenditure Non-Contribution Account - USA Today Advertisement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">35000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">36500.00</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature Gilmore, John, , ,</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 40%; text-align: right;">Date <div style="display: flex; justify-content: flex-end; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div></div></div></div>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>			
Full Name of Payee Boston Globe Media Partners		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100px;"><div>05</div><div>11</div><div>2023</div></div></div>	
Mailing Address 1 Exchange Pl		Amount <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: right;">10500.00</div>	
City Boston	State MA	Zip Code 02109-2803	Transaction ID : EB8E53E54234748DE8B6 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100px;"><div>05</div><div>10</div><div>2023</div></div></div>
Purpose of Expenditure Non-contribution account: Newspaper Advertisement		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Valley News		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100px;"><div>05</div><div>11</div><div>2023</div></div></div>	
Mailing Address 24 Interchange Dr		Amount <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: right;">2720.00</div>	
City West Lebanon	State NH	Zip Code 03784-2003	Transaction ID : EF79C3176907C42CDA3A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100px;"><div>05</div><div>09</div><div>2023</div></div></div>
Purpose of Expenditure Non-Contribution Account - Newspaper Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

(a) **SUBTOTAL** of Itemized Independent Expenditures

13220.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gilmore, John, , ,
Signature

[Electronically Filed]

Date

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Y

Y

07

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2023

FEC Schedule E (Form 3X) Rev. 05/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>				
Full Name of Payee Dow Jones & Co./Wall Street Journal			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 200px;"><div>05</div><div>12</div><div>2023</div></div></div>	
Mailing Address PO Box 4137			Amount <div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;">90804.74</div>	
City New York	State NY	Zip Code 10261-4137	Transaction ID : E300C83C3189947E599F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 200px;"><div>05</div><div>10</div><div>2023</div></div></div>	
Purpose of Expenditure Non-Contribution Account - Newspaper Ad			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee First National Bank of Omaha			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 200px;"><div>06</div><div>28</div><div>2023</div></div></div>	
Mailing Address PO Box 2818			Amount <div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;">21789.00</div>	
City Omaha	State NE	Zip Code 68103-2818	Transaction ID : EAC081FBC83D64CFF940 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 200px;"><div></div><div></div><div></div></div></div>	
Purpose of Expenditure Non-Contribution Account - Credit card payment			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Other	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;">112593.74</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; width: 200px;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; width: 200px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gilmore, John, , , Signature			[Electronically Filed] Date <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 200px;"><div>07</div><div>31</div><div>2023</div></div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>				
Full Name of Payee San Diego Union Tribune <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>05</div><div>11</div><div>2023</div></div></div>	
Mailing Address 2300 E Imperial Hwy			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">21789.00</div>	
City El Segundo	State CA	Zip Code 90245-2813	Transaction ID : E641475922502449BB9F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>05</div><div>09</div><div>2023</div></div></div>	
Purpose of Expenditure Non-Contribution Account - Newspaper Ad			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Creative Destruction Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>06</div><div>28</div><div>2023</div></div></div>	
Mailing Address 1910 Thomes Ave			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">6500.00</div>	
City Cheyenne	State WY	Zip Code 82001-3527	Transaction ID : E9C9F66E4E11A4D14AB7 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>06</div><div>29</div><div>2023</div></div></div>	
Purpose of Expenditure Non-Contribution Account - Web advertising			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">6500.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">6500.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Gilmore, John, , , Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div>07</div><div>31</div><div>2023</div></div></div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">CC00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Full Name of Payee First National Bank of Omaha <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>06</div><div>28</div><div>2023</div></div>	
Mailing Address PO Box 2818		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27236.00</div>	
City Omaha	State NE	Zip Code 68103-2818	Transaction ID : EFE9126356B084FB2AC5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>
Purpose of Expenditure Non-Contribution Account - Credit card payment		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Other	
Full Name of Payee The Los Angeles Times <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>05</div><div>11</div><div>2023</div></div>	
Mailing Address 2300 E Imperial Hwy		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27236.00</div>	
City El Segundo	State CA	Zip Code 90245-2813	Transaction ID : E031E2D39223A44CFA9A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>05</div><div>09</div><div>2023</div></div>
Purpose of Expenditure Non-Contribution Account - Newspaper Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Other	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">27236.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Gilmore, John, , ,		Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>07</div><div>31</div><div>2023</div></div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 44 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>				
Full Name of Payee First National Bank of Omaha <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>	
Mailing Address PO Box 2818			Amount <div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;">20757.50</div>	
City Omaha	State NE	Zip Code 68103-2818	Transaction ID : EE9249DCD795343B5B6B Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>	
Purpose of Expenditure Non-Contribution Account - Credit card payment			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;">71304.00</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Other	
Full Name of Payee Gate House Media Massachusetts I, Inc <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>	
Mailing Address PO Box 631210			Amount <div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;">20757.50</div>	
City Cincinnati	State OH	Zip Code 45263-1210	Transaction ID : EBA3AA6B17DAB4E8487 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>	
Purpose of Expenditure Non-Contribution Account - Newspaper Ad			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Other	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;">20757.50</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 200px; text-align: right;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature Gilmore, John, , ,</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 40%; text-align: right;">Date <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div></div> / <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">CC00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee First National Bank of Omaha <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 06 / 28 / 2023</div>	
Mailing Address PO Box 2818		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">1521.50</div>	
City Omaha	State NE	Zip Code 68103-2818	Transaction ID : E83CC5E0F1E1048CC81D Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Non-Contribution Account - Credit card payment		Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Other	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">71304.00</div>			
Full Name of Payee New England Newspapers Inc. <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 05 / 11 / 2023</div>	
Mailing Address 75 S Church St		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">5800.00</div>	
City Pittsfield	State MA	Zip Code 01201-6157	Transaction ID : E7EDAD1F7C9314968A2C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 05 / 10 / 2023</div>
Purpose of Expenditure Non-Contribution Account - Newspaper Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Other	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">0.00</div>			
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">1521.50</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div></div>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gilmore, John, , , Signature		Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 07 / 31 / 2023</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div>	

Full Name of Payee New England Newspapers Inc. <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>04 / 15 / 2023</div></div>	
Mailing Address 75 S Church St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4000.00</div>	
City Pittsfield	State MA	Zip Code 01201-6157	Transaction ID : EDDA3B436F2F64B039D3	
Purpose of Expenditure Paid via in kind contribution from Skyhorse Publishing Inc. - Newspaper Advertisement		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>04 / 14 / 2023</div></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee MediaNews Group, Inc. <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>04 / 16 / 2023</div></div>	
Mailing Address PO Box 8003			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4200.00</div>	
City Willoughby	State OH	Zip Code 44096-8003	Transaction ID : E590B202C8CD24039ACF	
Purpose of Expenditure Paid for via in kind contribution from Skyhorse - Newspaper Advertisement		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>04 / 14 / 2023</div></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gilmore, John, , ,

[Electronically Filed]

Date

M M M

 /

D D D

 /

Y Y Y Y Y Y

07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 47 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Valley News <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 16 / 2023	
Mailing Address 24 Interchange Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2720.00</div>	
City West Lebanon	State NH	Zip Code 03784-2003	Transaction ID : E58BB3F9EFBC14266BC6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 14 / 2023	
Purpose of Expenditure Paid via in kind contribution from Skyhorse Publishing Inc.- Newspaper Advertisement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Kennedy, Robert, F, , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Boston Globe Media Partners <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 16 / 2023	
Mailing Address 1 Exchange Pl			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13000.00</div>	
City Boston	State MA	Zip Code 02109-2803	Transaction ID : E7E8E6A2D1D8F4A649D9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 14 / 2023	
Purpose of Expenditure Paid via in kind contribution from Skyhorse Publishing Inc. - Newspaper Advertisement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Kennedy, Robert, F, , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gilmore, John, , , Signature		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2023

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Values 2024			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00821439</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Gannett <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">17</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div>	
Mailing Address 7950 Jones Branch Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">35000.00</div>	
City Mc Lean	State VA	Zip Code 22107-0002	Transaction ID : E0EAC7225D3734EC2A84 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">14</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div>	
Purpose of Expenditure Paid via in kind contribution from Skyhorse Publishing Inc. - USA Today Advertisement			Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">0.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee New York Post <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div>	
Mailing Address 1211 Avenue of the Americas			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">15000.00</div>	
City New York	State NY	Zip Code 10036-8701	Transaction ID : EF38E545C32CC4FA099B Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div>	
Purpose of Expenditure Paid via in kind contribution from Skyhorse Publishing Inc. - Newspaper Ad			Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate: Kennedy, Robert, F, , JR			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">35000.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div>(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">0.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="border-bottom: 1px solid black; width: 150px;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) TOTAL Independent Expenditures</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">226782.74</div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Gilmore, John, , ,</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">2023</div></div></div>				